Teacher Candidate Release Form

Dear Teacher Candidate,

As a teacher candidate, you have the opportunity to collect student work and to photograph and/or digitally record your practice in the field (e.g., video and audio recordings). We are asking your permission to use the student work, photographs, and digital recordings from your experience for the following purposes.

- **Professional Development of Clinical Educators.** The Office of Clinical Studies designs professional development activities for clinical educators in order to prepare them to work with UD teacher candidates. Your photographs, digital recordings, and student work may be incorporated into the online and face-to-face professional development activities, enabling the clinical educators to develop the skills needed to mentor teacher candidates.

- **Accreditation and Program Approval.** The University of Delaware teacher preparation programs must be nationally accredited and approved by the State of Delaware Department of Education. Your photographs, digital recordings, and student work may be needed during accreditation and program reviews.

The form below will be used to document your permission for the University of Delaware to use photographs, digital recordings, and student work from your practice in the field. We greatly appreciate your help in creating and updating our professional development activities and in providing documentation for accreditation and program reviews.

Sincerely,

Linda S. Zankowsky, Ed.D., Associate Director
Office of Clinical Studies

Carol Phipps, Assistant Director
Office of Clinical Studies

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For Teacher Candidates

_____ I DO GIVE PERMISSION to use student work, photographs, and digital recordings from my practice as outlined above.

_____ I DO NOT GIVE PERMISSION to use student work, photographs, and digital recordings from my practice in the field.

Signature of Teacher Candidate _____________________________ Date ____________

Printed Name of Teacher Candidate ___________________________ Date ____________